

## VERIFICATION OF SOCIAL SECURITY BENEFITS

To: (Name & Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Applicant/Participant Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

The individual named directly above is an applicant/tenant of the Federal Housing Tax Credit Program. Federal regulations require that we must verify income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely, \_\_\_\_\_

Project Owner/Management Agent

RETURN THIS FORM TO:

### For Social Security Administration Use Only

The person named above is receiving benefits through this office

☐ No ☐ Yes (If yes, please  
provide the information below)

#### Social Security Benefits:

Initial Date of Assistance: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Claim #: \_\_\_\_\_

#### Supplemental Security benefits:

Initial Date of Assistance: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Claim #: \_\_\_\_\_

#### Please indicate CURRENT gross amount received and the effective date of the current amount:

Retirement: ☐ No ☐ Yes Amount \$ \_\_\_\_\_ Eff. Date: \_\_\_\_\_ Old Age: ☐ No ☐ Yes Amount \$ \_\_\_\_\_ Eff. Date: \_\_\_\_\_  
Disability: ☐ No ☐ Yes Amount \$ \_\_\_\_\_ Eff. Date: \_\_\_\_\_ Disability: ☐ No ☐ Yes Amount \$ \_\_\_\_\_ Eff. Date: \_\_\_\_\_  
Widow(er): ☐ No ☐ Yes Amount \$ \_\_\_\_\_ Eff. Date: \_\_\_\_\_ Blind: ☐ No ☐ Yes Amount \$ \_\_\_\_\_ Eff. Date: \_\_\_\_\_  
Child(ren): ☐ No ☐ Yes Amount \$ \_\_\_\_\_ Eff. Date: \_\_\_\_\_ Dis. Minor: ☐ No ☐ Yes Amount \$ \_\_\_\_\_ Eff. Date: \_\_\_\_\_

Other benefits \_\_\_\_\_ Amount \$ \_\_\_\_\_ Eff. Date \_\_\_\_\_

**GROSS AMOUNT** \$ \_\_\_\_\_  
Less Medical Premium \$ \_\_\_\_\_  
**NET AMOUNT** \$ \_\_\_\_\_

**GROSS AMOUNT** \$ \_\_\_\_\_  
Less Medical Premium \$ \_\_\_\_\_  
**NET AMOUNT** \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name/title (please print): \_\_\_\_\_

Telephone #: \_\_\_\_\_